

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155636		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 08/08/2012	
NAME OF PROVIDER OR SUPPLIER HARRISON TERRACE				STREET ADDRESS, CITY, STATE, ZIP CODE 1924 WELLESLEY BLVD INDIANAPOLIS, IN 46219			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0000	<p>A Quality Assurance Walk-thru Survey was conducted by the Indiana State Department of Health.</p> <p>Survey Date: 08/08/12</p> <p>Facility Number: 000241 Provider Number: 155636 AIM Number: 100291310</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Quality Assurance Walk-thru survey, Harrison Terrace was found not in compliance with 410 IAC 16.2-3.1-19(ff).</p> <p>This one story facility was determined to be of Type V (000) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. The facility has battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 112 and had a census of 105 at the time of this visit.</p> <p>The facility was found not in compliance with state law in regard to sprinkler coverage. The facility was found in compliance with the state law in regard to</p>			K0000	Corrected.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
OMB NO. 0938-0391

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	<p>smoke detector coverage.</p> <p>All areas where residents have customary access were not sprinklered. The facility has one detached building providing facility services such as storage which was not sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/13/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>						

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K9999	<p>State Findings</p> <p>3.1-19 ENVIRONMENT AND PHYSICAL STANDARDS</p> <p>3.1-19(b) The facility must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association which is incorporated by reference. This section applies to all facilities initially licensed on or after the effective date of this rule.</p> <p>This State Rule has not been met as evidenced by:</p> <p>1. Based on observation and interview, the facility failed to provide sprinkler coverage for 1 of 7 combustible exterior canopies which were each wider than 4 feet. NFPA 13, 1999 Edition, Section 5-13.8.1 requires sprinklers shall be installed under combustible exterior roofs or canopies exceeding 4 feet in width. This deficient practice could affect residents, staff and visitors using the Northwest exit by the Clean Laundry room.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director during a tour of the</p>			K9999	<p>K9999 Installation of a new sprinkler head in the oxygen storage area and outside one exit was completed August 13, 2012. These sprinkler heads will be monitored as all other sprinkler heads as required by Life Safety Code by outside sources and the Maintenance department.K76 The deficient practice was the fact the storage area for oxygen had no sprinkler head after moving from a prior area. The sprinkler head was added August 13, 2012. After discovering the absence of a sprinkler head, oxygen transfill occurred in the Chatham spa room until the sprinkler head was installed.This area is appropriate in that it meets all requirements; i.e., stone floor, sprinklered, etc. These sprinkler heads will be monitored as all other sprinkler heads as required by Life Safety Code by outside sources and the Maintenance department.</p>		08/13/2012

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	<p>facility from 9:15 a.m. to 10:35 a.m. on 08/08/12, the exterior canopy at the Northwest exit by the Clean Laundry room extended five feet from the building, was not provided with automatic sprinklers and was of wood construction. Based on interview at the time of observation, the Maintenance Director acknowledged the exterior canopy at the Northwest exit by the Clean Laundry room was of combustible construction, extended more than four feet from the building and was not provided with automatic sprinklers.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to ensure a complete automatic sprinkler system was installed in accordance with NFPA 13, 1999 Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. NFPA 13, Section 5-1.1 states sprinklers shall be installed throughout the premises. This deficient practice could affect residents, staff and visitors in the vicinity of the oxygen storage and transfilling room.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director during a tour of the</p>						

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	<p>facility from 9:15 a.m. to 10:35 a.m. on 08/08/12, the facility has one oxygen storage and transfilling room which lacked sprinkler protection. Based on interview at the time of observation, the Maintenance Director stated the oxygen storage and transfilling room was recently relocated to its current location and acknowledged the lack of sprinkler protection in the room.</p> <p>3.1-19(b)</p>						